



 United States Environmental Protection Agency Washington, DC 20460	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Amendment <input type="checkbox"/> Other	OPP Identifier Number _____
--	---	-----------------------------

Application for Pesticide - Section I

1. Company/Product Number 3008-	2. EPA Product Manager J. Hardy	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) InPro DCOI Preservative	PM# 34	
5. Name and Address of Applicant (Include ZIP Code) Koppers Performance Chemicals Inc. 1016 Everree Inn Rd. Griffin, GA 30224 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____

Section - II

<input type="checkbox"/> Amendment - Explain below. <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application. <input checked="" type="checkbox"/> Other - Explain below.
---	--

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

New Product, Proposed PRIA Classification: A560.1, with a fee of \$3,307. 100% Repack of DCOI MUP. See cover letter for details.

Section - III

1. Material This Product Will Be Packaged In:					
Child-Resistant Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Type of Container <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____		
* Certification must be submitted		If "Yes" Unit Packaging wgt. _____ No. per container _____	If "Yes" Package wgt. _____ No. per container _____		
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container Not for retail sale.		5. Location of Label Directions <input type="checkbox"/> _____	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			<input checked="" type="checkbox"/> Other pressure sensitive vinyl		

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Leigh Ann Richardson	Title Sr. Manager Regulatory Affairs	Telephone No. (Include Area Code) 770-233-4244	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 	3. Title Sr. Manager Regulatory Affairs		
4. Typed Name Leigh Ann Richardson	5. Date 6/1/2021		